

**MARYLAND DEPARTMENT OF GENERAL SERVICES
MINORITY BUSINESS ENTERPRISE PARTICIPATION**

SUBCONTRACTOR PAYMENT REPORT**To be completed monthly by MBE Subcontractor****Subcontractors Name** _____

Report _____

Month/Year _____

Report due by 15th of following month.

Project Number _____

Contracting Unit _____

Contract Amount _____

MBE Subcontract Amount _____

Contract Begin Date _____

Contract End Date _____

Services Provided _____

MBE Subcontractor Name _____ MDOT Certification # _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Subcontractor Services Provided _____

List all payments received from Prime Contractor in the preceding 30 days.

1.

2.

3.

List dates and amounts of any outstanding Invoices.

1.

2.

3.

Total Amount Paid \$ _____**Total Dollars Unpaid \$** _____

Prime Contractor Name _____ Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Return completed form and any additional information as required to:

Department of General Services
Minority Business Office
301 W. Preston Street, M-9
Baltimore, MD 21201
410-767-4270

Signature _____ Date _____